

Political Committee Registration

C1PC

(6/2000)

Committee Name (Show entire official name.)		Acronym: _____	
		Telephone: () _____	
Mailing Address		Fax: () _____	
		E-mail: _____	
City _____ County _____ Zip + 4 _____			
NEW OR AMENDED REGISTRATION? <input type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.		COMMITTEE STATUS <input type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input type="checkbox"/> _____ election year only. Date of general or special election: _____ (Year)	
1. What is the purpose or description of the committee? <input type="checkbox"/> Bona Fide Political Party Committee - official state or county central committee or legislative district committee. If you are not supporting the entire party ticket, attach a list or specify here the names of the candidates you support. _____ <input type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name _____ Ballot Number _____ FOR <input type="checkbox"/> AGAINST <input type="checkbox"/> or description of ballot measure: _____ <input type="checkbox"/> Other Political Committee - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify name: _____ For single election-year only committees (not continuing committees): Is the committee supporting or opposing (a) one or more candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of each candidate's name, office sought and political party affiliation. (b) the entire ticket of a political party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the party: _____			
2. Related or affiliated committees. List name, address and relationship. _____ <div style="text-align:right"><input type="checkbox"/> Continued on attached sheet</div>			
3. How much do you plan to spend during this entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. (If your committee status is continuing, estimate spending on a calendar year basis.) If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options. <div style="display:flex; justify-content:space-between;"><div><input type="checkbox"/> ABBREVIATED REPORTING Abbreviated Reporting is selected. No more than \$2,000 will be raised or spent <u>and</u> no more than \$200 in the aggregate will be accepted from any one contributor.</div><div><input type="checkbox"/> FULL REPORTING Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required.</div></div>			
4. Campaign Manager's or Media Contact's Name and Address _____		Telephone Number: () _____	
5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) _____		<div><input type="checkbox"/> Continued on attached sheet</div> Daytime Telephone Number: () _____	
6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for definition of "officer." _____ <div style="text-align:right"><input type="checkbox"/> Continued on attached sheet</div>			
7. Campaign Bank or Depository _____		Branch _____	City _____
8. Campaign books must be open to the public, except on a weekend or legal holiday, during the eight days before the election: (a) on the eighth day for two consecutive hours between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday – two consecutive hours on the seventh day between 8 a.m. and 8 p.m.; and (b) on the other weekdays by appointment between 8 a.m. and 8 p.m. Specify location and hours below. It is not acceptable to provide a post office box or an out-of-area address. <div style="display:flex; justify-content:space-between;"><div>Street Address, Room Number, City _____</div><div>Hours [Two consecutive hours; see 8(a)] _____</div></div>			
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): () _____			
9. Eligibility to Give to State Office Candidates: During the 180 days prior to making a contribution to a state office candidate, your committee must have received contributions of \$10 or more from at least ten persons registered to vote in Washington State. <input type="checkbox"/> A check here indicates your awareness of and pledge to comply with this provision. Absence of a check mark means your committee does not qualify to give to state office candidates (legislative and statewide executive candidates).		10. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge. <div style="display:flex; justify-content:space-between;"><div>Committee Treasurer's Signature _____</div><div>Date _____</div></div>	
Need campaign finance forms and instructions? Please check one of the following boxes. <input type="checkbox"/> I already have forms and instructions. <input type="checkbox"/> I will get forms and instructions from my county elections office.		<div><input type="checkbox"/> I want the Public Disclosure Commission to mail me the proper forms and instructions.</div> <div>Distribution of This Report: ORIGINAL – Public Disclosure Commission COPY – County Elections Office (Auditor) COPY – Your own records</div>	
SEE INSTRUCTIONS ON REVERSE			

Please consult PDC instruction manuals when completing this report.
Reporting requirements are contained in and governed by RCW 42.17 and WAC 390.

Who Must File

Persons, committees, organizations or groups that receive contributions or make expenditures in support of or opposition to: candidates in jurisdictions of 5,000 or more registered voters as of the last general election; statewide ballot issues; or local ballot issues in jurisdictions with 1,000 or more registered voters as of the last general election.

When To File

Within 2 weeks of organizing a committee or first expecting to receive contributions or make expenditures, whichever occurs first. **(Committees that organize within three weeks of an election must file within three business days of forming or of expecting to receive contributions or make expenditures.)**

File an amended C-1pc form within 10 calendar days of any material change to the registration information furnished previously. For single election-year only committees, a material change includes providing or modifying the list of candidates the committee is supporting or opposing.

Continuing political committees using Abbreviated Reporting must also file a C-1pc annually in January. Reports are considered filed as of the postmark date or date hand-delivered to PDC.

Where To File

Send the **original to PDC** at the above address. Send a **copy to County Auditor** (county elections office) of the county in which the committee headquarters is located. If there is no headquarters, send to the County Auditor of the county in which the treasurer resides. Keep a copy as part of the committee's records.

**“Officer” of a Political
Committee – Definition**

Officer of a political committee includes the following persons:

- the treasurer,
- any person designated as an officer on the C-1pc registration statement, and
- any person who alone or in conjunction with other persons makes contribution, expenditure, strategic or policy decisions on behalf of the committee. (WAC 390-05-245)

**Contact PDC or County Elections Office for Instruction Manuals
and Reporting Forms or look under the “Filer Assistance” menu category on PDC’s
Web Site: www.pdc.wa.gov**